F24000002006

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
-
W24-42638

Office Use Only



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2024 MAR 15 PM 4:25

APR 15 2024 K. Brumbley



April 4, 2024

CSC

RESUBMIT

Please give original submission date as file date.

SUBJECT: LATITUDE USA LTD. Ref. Number: W24000042638

We have received your document for LATITUDE USA LTD. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

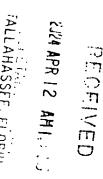
The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 324A00007233



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 359631 8301155						
AUTHORIZATION						
COST LIMIT C: \$ 220.00						
ORDER DATE : APRIL 11, 2024						
ORDER TIME : 2:19 PM						
ORDER NO. : 359631-005						
CUSTOMER NO: 8301155						
FOREIGN FILINGS						
NAME: LATITUDE USA LTD.						
XXXX QUALIFICATION (TYPE: CO)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Amanda Miller EXT#						

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: LATITUDE USA LTD.		
3000		e of corporation	- must include suffix
Dear S	ir or Madam:		
"Certif		ite of Good Stan-	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please	return all correspondence conce	rning this matter	to the following:
Stephar	nie Messas, Esq.		
		Name of	Person
The Me	essas Law Practice, PLLC		
		Firm/Com	pany
1350 6	h Avenue, 2nd Floor, Suite 236		
	· ·	Addre	SS
New Y	ork, NY 10019		
		City/State ar	nd Zip code
stephan	ie@messaslaw.com		
	E-mail addre	ess: (to be used t	or future annual report notification)
For fur	ther information concerning this	matter, please c	all:
Stephar	nie Messas	at (324-5715
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please n	ed is a check for the following an make check payable to: FLORIDA 00 Filing Fee	DEPARTMENT	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

LATITUDE US	<u></u>		
	orporation; must include "INCORPORATED," "(orp.," "Inc.," "Co.," or "Corp.,")	COMPANY," "CORPORATION,"	
LATITUDE CO	NSULTANCY (USA) INC.		
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Fl	orida)
DELAWARE	3.		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
09/23/2021	5		
(Date of incorporation)		(Date of duration, if other than perpetual)	
November 29, 2	023		
7	e, 10th Floor Miami, Florida 33131		
	(Principal office <u>s</u>	<u>treet</u> address)	
	(Principal office s		202
3. Name and street		ldress, if different)	202411.3
3. Name and stree	(Current mailing ac	ldress, if different)	20241343 15
Name:	(Current mailing acet address of Florida registered agent: (P.O. B	ldress, if different)	
	(Current mailing act address of Florida registered agent: (P.O. B) Corporation Service Company 1201 Hays Street	ox <u>NOT</u> acceptable) -	202411.3.15 F.112: 5

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company	
By: An	
(Registered agent's signature)	 -

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Jonathan Green Christopher Willis □ Chairman □ Chairman 1111 Brickell Ave. 10th Floor 1111 Brickell Ave, 10th Floor Address: ☐ Vice Chairman □ Vice Chairman Address: Miami, Florida 33131 Miami, Florida 33131 ■ Director ■Director President □President □Vice President □Vice President ☐Treasurer ■ Treasurer □ Secretary □ Secretary □Other _____ □Other □Other _____ Stephanie Messas Name: ___ Name: _____ □ Chairman □ Chairman 1111 Brickell Ave, 10th Floor 1350 6th Avenue, 2nd Floor ☐ Vice Chairman Address: Address: □ Vice Chairman Miami, Florida 33131 New York, NY 10019 Director □Director □President □President □Vice President □ Vice President □Treasurer □Treasurer □ Secretary ■ Secretary Co-Secretary □Other _____ □Other _____ ☐Other _____ □Chairman □Chairman Name: Name: □Vice Chairman Address: ______ □Vice Chairman Address: □ Director □ Director □ President □ President ☐ Vice President □ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other _____ □Other ______ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Stephanie Messas Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) aftirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

, Stephanie Messas, Esq., Secretary

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LATITUDE USA LTD." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LATITUDE USA"

LTD." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202989518

Date: 03-11-24